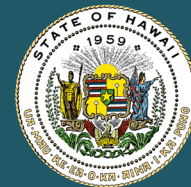




STATE OF HAWAII - DEPARTMENT OF TAXATION TAX WORKSHOP



Please join us for a workshop covering topics including: legislative update, administrative rules update, where the state's money comes from, and an online demonstration for verified tax practitioners. See below for registration details throughout the state.

EARN 3 HAWAII BOARD OF PUBLIC ACCOUNTANCY CPE CREDITS ALL WORKSHOPS HOURS 8:30AM - 11:30AM

KAUA'I

THURSDAY, OCT 24

KAUA'I COMMUNITY COLLEGE - OCET, ROOM 106 C
3-1901 Kaunualii Highway, Lihue, HI 96766

KAUA'I COMMUNITY COLLEGE Office of Continuing Education & Training
3-1901 Kaunualii Highway, Lihue, HI 96766

REGISTER BY OCT 20

808-245-8318
808-245-8271
kauai.hawaii.edu

HAWAII

THURSDAY, OCT 26

NATURAL ENERGY LABORATORY OF HAWAII
73-987 Makako Bay Dr, Kailua-Kona, HI 96740

FRIDAY, OCT 27

GRAND NANILOA HOTEL (SANDALWOOD ROOM)
93 Banyan Drive, Hilo, HI 96720

HAWAII COMMUNITY COLLEGE Office of Continuing Education & Training
(MAILING ADDRESS): 1175 Manono Street, Hilo, HI 96720

REGISTER BY OCT 23

808-934-2700
808-934-2701
ocethawcc.org

O'AHU

MONDAY, OCT 30

ALA MOANA HOTEL - HIBISCUS BALLROOM
410 Atkinson Drive, Honolulu, HI 96814

LEEWARD COMMUNITY COLLEGE Office of Continuing Education & Workforce Development (OCEWD)
96-045 Ala 'Ike Room CE101, Pearl City, HI 96782

REGISTER BY OCT 26

808-455-0477
808-453-6730
ocewd.org/taxworkshop

MAUI

WEDNESDAY, NOV 1

MAUI BEACH HOTEL
170 Ka'ahumanu Avenue, Kahului, HI 96732

UH MAUI COLLEGE Office of Continuing Education & Training
310 Ka'ahumanu Avenue, Kahului, HI 96732

REGISTER BY OCT 27

808-984-3231
808-984-3874
maui.hawaii.edu/edventure

REGISTRATION & FEES

Complete one registration form for each individual. Registration fee is \$90. Fees cover administration costs, handouts, continental breakfast, and 3 Hawaii CPE credits. **Late registration will be \$110.** Check-in starts at 8:00 a.m. on the day of the workshops.

REGISTRATION BY MAIL

Please mail registration forms to the respective Continuing Education & Training Office. **Checks:** make payable to the respective Continuing Education & Training Office. **Purchase Order:** please include P.O.# on the registration form. **Credit cards:** processed upon receipt. **REGISTRATION WITHOUT PAYMENT WILL NOT BE PROCESSED.**

SUBSTITUTIONS & REFUNDS

You may transfer your paid registration to another individual. Cancellation must be received by the appropriate Continuing Education & Training

Office at least one week prior to the workshop date. Please allow up to 5 weeks to process the refund.

SPECIAL ACCOMMODATIONS

If you require special accommodations, please contact the appropriate Continuing Education & Training Office at least one week prior to the workshop date.

MATERIALS ONLY

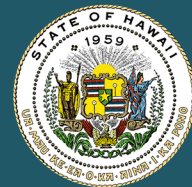
If you would like to order materials only, submit the registration form and payment of \$25 per set to the appropriate Continuing Education & Training Office.

Brought to you through a partnership between the State of Hawaii Department of Taxation, Leeward Community College, Maui College, Kauai Community College, and Hawaii Community College.



STATE OF HAWAII - DEPARTMENT OF TAXATION

TAX WORKSHOP



MAIL-IN REGISTRATION FORM

DO NOT SUBMIT THIS FORM TO THE DEPARTMENT OF TAXATION

Please mail registration forms to the respective Continuing Education & Training Office

WORKSHOP

KAUA'I	Thursday, October 24 (Course No. BUS8000)	<input type="checkbox"/>
HAWAI'I	Thursday, October 26 - KONA (Course No. BUS8000-023)	<input type="checkbox"/>
	Friday, October 27 - HILO (Course No. BUS8000-024)	<input type="checkbox"/>
O'AHU	Monday, October 30 (Course No. BUS8000-0AHU)	<input type="checkbox"/>
MAUI	Wednesday, November 1 (Course No. BUS8000)	<input type="checkbox"/>

REGISTRANT INFORMATION

NAME (LAST, FIRST, MI)		COMPANY/ORGANIZATION	
MAILING ADDRESS		CITY	ZIP CODE
PHONE		EMAIL ADDRESS	

PAYMENT INFORMATION

PAYMENT AMOUNT

Registration Fee \$ _____

Extra Materials (\$25/set) \$ _____

TOTAL \$ _____

CHECK OR P.O.

Check \$ _____
(attach to registration)

Purchase Order \$ _____
(attach to registration)

P.O.# _____

CREDIT CARD

Card type (choose one):
VISA ☐ MASTERCARD ☐

Exp. Date (MM/YYYY) ____ / ____

Card No. _____ 3-digit CVV _____

Name on card _____

Cardholder signature _____

Cardholder address _____
